# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| s box if no longer subject to | STATEMENT OF CHAI |
|-------------------------------|-------------------|

## NGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

See footnotes<sup>(1)</sup>
(2)(3)

Check this box if no longer sub Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person\*

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

|  |           |  |  |      |  | or Sec                  | ction 30(h  | n) of t | hè Ínv   | vestmen       | t Comp        | oany A   | ct of 1940 |                                |   |                  |   |  |   |             |
|--|-----------|--|--|------|--|-------------------------|---|---------|--|---------------|---------------|--|------------|--------------------------------|---|------------------|---|--|---|-------------|
| 1. Name and Address of Reporting Person*  RA CAPITAL MANAGEMENT, L.P.  |           |  |  |      | 2. Issuer Name and Ticker or Trading Symbol 89bio, Inc. [ ETNB ] |                         |   |         |  |               |               |  |            |                                | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner |                  |   |  |   |             |
| (Last)   | ,         | First)<br>FREET, 18TH F                    | (Middle)   |      |  | 3. Date                 | of Earlie   | st Tra  | ınsact   | tion (Mor     | nth/Da        | y/Year)  | )          |                                | 1   |                  |   | cer (give title  |   | er (specify |
| 200 BEN  | KELEI 5   | IKEE1, 101H F                              | LOOK   |      |  |                         |   |         |  |               |               |  |            |                                | +   |                  |   |  |   |             |
| (Street)   |           |  |  |      | _  4   | . If Am                 | endment   | i, Date | e of C   | Original F    | iled (IV      | /lonth/L   | Day/Year)  |                                |   | 6. Indi<br>Line) | vidual  | or Joint/Group   | Filing (Check   | Applicable  |
| BOSTON MA 02116  |           |  |  |      |  |                         |   |         |  |               |               | Form filed by One Reporting Person  X Form filed by More than One Reporting Person           |            |                                |   |                  |   |  |   |             |
| (City)   | (8        | State)                                     | (Zip)  | - Da |  | : C                     |   |         | ١  | المحسني       | Diam          |  | af an l    | 2                              |   | -11 (            | 2   |  |   |             |
| 4 770  |           |  | able I - No  | _    |  |                         |   |         | ACQL   | 3.            |               |  |            |                                |   |                  |   |  | C O   | 7 11-6-1    |
| 1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/Y   |           |  | Execution Da   |      | ·  | te, Transac<br>Code (Ir |   |         | urities Acquired (A) of<br>sed Of (D) (Instr. 3, 4             |               |               | and 5) Secu  |            | ficially<br>d Following        | 6. Ownership<br>Form: Direct<br>(D) or Indirec<br>(I) (Instr. 4)                                | Indirect         |   |  |   |             |
|  |           |  |  |      |  |                         |   |         |  |               |               | Amour  | " ([       | ')                             | Pric  |                  | Trans<br>(Instr   | action(s)<br>3 and 4)                                  |   | (msu. 4     |
|  |           |  | Table II -   |      |  |                         |   |         |  |               |               |  | of, or Bo  |                                |   |                  | wned  |  |   |             |
| Derivative Conversion Security or Exercise (Month/Derivative)    Derivative   Conversion or Exercise (Month/Derivative   Conversion or Exercise   Conversion or Exercise (Month/Derivative   Conversion or Exercise   Conversion or Ex |           | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Da<br>if any<br>(Month/Day/\ |      | 4.<br>Transa<br>Code (<br>8)                                     |                         | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired |         | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |               |               | 7. Title and Amour<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |            |                                |   |                  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect | 11. Nature<br>Indirect<br>Beneficia<br>Ownershi<br>(Instr. 4) |             |
|  | Security  |  |  |      |  |                         | (A) or<br>Dispose<br>of (D) (I<br>3, 4 and              | nstr.   |  |               |               |  |            |                                |   |                  |   | Following<br>Reported<br>Transaction(s)<br>(Instr. 4)  | (I) (Instr. 4)  |             |
|  |           |  |  |      | Code   | v                       | (4)   | (D)     | Date   | e<br>rcisable | Expir<br>Date | ration   | Title      | Amo<br>or<br>Num<br>of<br>Shar | ber   |                  |   |  |   |             |
| Stock<br>Option<br>(Right to<br>Buy)   | \$2.64    | 05/16/2022                                 |  |      | A  |                         | 25,000  |         | LAGI   | (2)           |               | 5/2032   | Common     |                                |   | 3                | \$0   | 25,000   | I   | See footno  |
|  |           | Reporting Person*  IANAGEME                | <u>ENT, L.P.</u>                                     |      |  |                         |   |         |  |               |               |  |            |                                |   | '                |   |  | '   |             |
| (Last) 200 BER   | RKELEY ST | (First)<br>FREET, 18TH F                   | (Middl   | e)   |  |                         |   |         |  |               |               |  |            |                                |   |                  |   |  |   |             |
| (Street)   | N         | MA   | 02110  | 6    |  |                         |   |         |  |               |               |  |            |                                |   |                  |   |  |   |             |
| (City)   |           | (State)                                    | (Zip)  |      |  |                         |   |         |  |               |               |  |            |                                |   |                  |   |  |   |             |
|  |           | Reporting Person* thcare Fund              |  |      |  |                         |   |         |  |               |               |  |            |                                |   |                  |   |  |   |             |
| (Last) 200 BER   | RKELEY ST | (First)<br>ΓREET, 18TH F                   | (Middl   | e)   |  |                         |   |         |  |               |               |  |            |                                |   |                  |   |  |   |             |
| (Street)   | N         | MA   | 02110  | 6    |  |                         |   |         |  |               |               |  |            |                                |   |                  |   |  |   |             |
| (City)   |           | (State)                                    | (Zip)  |      |  |                         |   |         |  |               |               |  |            |                                |   |                  |   |  |   |             |
|  |           | Reporting Person* us Fund, L.P.            |  |      |  |                         |   |         |  |               |               |  |            |                                |   |                  |   |  |   |             |
| (Last) 200 BER   | RKELEY ST | (First)<br>FREET, 18TH F                   | (Middl   | e)   |  |                         |   |         |  |               |               |  |            |                                |   |                  |   |  |   |             |
| (Street)   | N         | MA   | 02110  | 6    |  |                         |   |         |  |               |               |  |            |                                |   |                  |   |  |   |             |
| (Citv)   |           | (State)                                    | (Zip)  |      |  |                         |   |         |  |               |               |  |            |                                |   |                  |   |  |   |             |

| (Last)                                  | (First)                  | (Middle) |
|---|--------------------------|----------|
| C/O RA CAP                              | ITAL MANAGEME            | NT, L.P. |
| 200 BERKEL                              | LEY STREET 18TH          | FLOOR    |
| (Street)                                |                          |          |
| BOSTON                                  | MA                       | 02116    |
| (City)                                  | (State)                  | (Zip)    |
| 1 Name and Add                          | dress of Reporting Perso | .n*      |
| 1. Hamo and Ad                          | aroos or reporting rolls |          |
| Shah Rajee                              |                          |          |
|   |                          | (Middle) |
| Shah Rajee (Last)                       | ev M.                    | (Middle) |
| Shah Rajee (Last) C/O RA CAP            | (First)                  | (Middle) |
| Shah Rajee (Last) C/O RA CAP            | (First)                  | (Middle) |
| Shah Rajee (Last) C/O RA CAP 200 BERKEL | (First)                  | (Middle) |

#### Explanation of Responses:

- 1. RA Capital Management, L.P. (the "Adviser") is the investment manager for RA Capital Healthcare Fund, L.P. (the "Fund"), and RA Capital Nexus Fund, L.P. (the "Nexus Fund"). The general partner of the Adviser is RA Capital Management GP, LLC (the "Adviser GP"), of which Dr. Peter Kolchinsky and Mr. Rajeev Shah are the managing members. The Adviser, the Adviser GP, Dr. Kolchinsky, and Mr. Shah disclaim beneficial ownership of any of the reported securities, except to the extent of their pecuniary interest therein.
- 2. The shares subject to the option will vest in full on May 16, 2023 subject to Mr. Derek DiRocco's, a Partner of the Adviser who serves on the Issuer's board of directors, continuous service through such date.
- 3. Under Mr. DiRocco's arrangement with the Adviser, Mr. DiRocco holds the option for the benefit of the Fund and the Nexus Fund. Mr. DiRocco is obligated to turn over to the Adviser any net cash or stock received upon exercise of the option, which will offset advisory fees owed by the Fund and the Nexus Fund to the Adviser. The Reporting Persons therefore disclaim beneficial ownership of the option and underlying common stock.

#### Remarks:

Mr. Derek DiRocco, a Partner of the Adviser, serves on the Issuer's board of directors.

| /s/ Peter Kolchinsky, Manager<br>of RA Capital Management, L.P  | 06/02/2022 |
|---|------------|
| /s/ Peter Kolchinsky, Manager<br>of RA Capital Healthcare Fund<br>GP, LLC the General Partner of<br>RA Capital Healthcare Fund,<br>L.P. | 06/02/2022 |
| /s/ Peter Kolchinsky, Manager<br>of RA Capital Nexus Fund GP,<br>LLC the General Partner of RA<br>Capital Nexus Fund, L.P.              | 06/02/2022 |
| <u>/s/ Peter Kolchinsky,</u><br><u>individually</u>   | 06/02/2022 |
| /s/ Rajeev Shah, individually   | 06/02/2022 |
| ** Signature of Reporting Person  | Date       |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\ast}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.